

File Original and First Copy with
Department of Ecology
Second Copy -- Owner's Copy
Third Copy -- Driller's Copy

WATER WELL REPORT STATE OF WASHINGTON

28/03/14H

Application No. _____
Permit No. 61-22782P

(1) OWNER: Name HILLTOP ASSOCIATES Address 4208 N.E. 19 STREET, RENTON, WA 98055
(2) LOCATION OF WELL: County ISLAND SE 1/4 NE 1/4 Sec. 14 T. 28 N. R. 3 E W.M.
Bearing and distance from section or subdivision corner 1420 SOUTH / 140 WEST FROM N.E. CORNER SEC 14

(3) PROPOSED USE: Domestic ☐ Industrial ☐ Municipal ☐
Irrigation ☐ Test Well ☒ Other ☐

(4) TYPE OF WORK: Owner's number of well (if more than one) _____
New well ☒ Method: Dug ☐ Bored ☐
Deepened ☐ Cable ☒ Driven ☐
Reconditioned ☐ Rotary ☐ Jetted ☐

(5) DIMENSIONS: Diameter of well 6 inches.
Drilled 219 ft. Depth of completed well 217 ft.

(6) CONSTRUCTION DETAILS:

Casing installed: 6" Diam. from 0 ft. to 207 ft.
Threaded ☐ " Diam. from _____ ft. to _____ ft.
Welded ☒ " Diam. from _____ ft. to _____ ft.

Perforations: Yes ☐ No ☒

Type of perforator used _____
SIZE of perforations _____ in. by _____ in.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.

Screens: Yes ☒ No ☐

Manufacturer's Name JOHANSON
Type SS Model No. _____
Diam. 6 Slot size 10 from 212 ft. to 217 ft.
Diam. 6 Slot size 8 from 207 ft. to 212 ft.

Gravel packed: Yes ☐ No ☒ Size of gravel: _____
Gravel placed from _____ ft. to _____ ft.

Surface seal: Yes ☒ No ☐ To what depth? 20 ft.
Material used in seal BENTONITE
Did any strata contain unusable water? Yes ☐ No ☒
Type of water? _____ Depth of strata _____
Method of sealing strata off _____

(7) PUMP: Manufacturer's Name STA-RITE
Type SUB HP 1 1/2

(8) WATER LEVELS: Land-surface elevation 130 ft.
Static level 128 ft. below top of well Date 10-20-76
Artesian pressure _____ lbs. per square inch Date _____
Artesian water is controlled by _____ (Cap. valve, etc.)

(9) WELL TESTS: Drawdown is amount water level is lowered below static level

Was a pump test made? Yes ☒ No ☐ If yes, by whom? DRILLER
Yield: 10 gal./min. with 82 ft. drawdown after 4 hrs.

Recovery data: (time taken as zero when pump turned off) (water level measured from well top to water level)

Time	Water Level	Time	Water Level	Time	Water Level

Date of test _____
Batter test _____ gal./min. with _____ ft. drawdown after _____ hrs.

Artesian flow _____ g.p.m. Date _____

Temperature of water _____ Was a chemical analysis made? Yes ☒ No ☐

(10) WELL LOG: (1160' N & 166' W OF S 1/4 COR.)

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.

MATERIAL	FROM	TO
BROWN SAND	0	30
BLUE CLAY	30	200
BLUE CLAY & GRAVEL	200	204
GRAY MED SAND HARD PACKED	204	217
SILT	217	219

Work started 10-11 1976 Completed 10-20 1976

WELL DRILLER'S STATEMENT:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

NAME B & W DRILLING Co.
(Person, firm, or corporation) (Type or print)

Address P.O. Box 55 FREELAND WA 98241

[Signed] MVC (Well Driller)

License No. 265 Date 10-20 1976

(USE ADDITIONAL SHEETS IF NECESSARY)



Washington State Department of Health
Environmental Health / Division Of Drinking Water
PWS Data

System Name
HILLTOP ASSOCIATES WATER SYSTEM

Contact

Name	ANDY LEITL
Title	PRESIDENT
Day Phone	3605793987
Nite Phone	3605793987
Address1	
Address2	PO BOX 266
City	CLINTON
State	WA
ZipCode	98236

PWS ID Suffix
33323 Q

Group ResPop
B 20

ResConn TotalConn
9 9

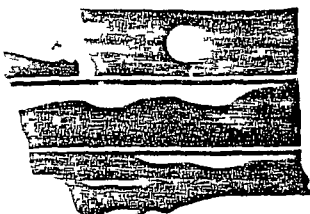
Last WFI Update
12/21/2000

Owner

Name	HILLTOP ASSOCIATES
Phone	0000000000
Address1	ATTN ANDY LEITL PRESIDENT
Address2	PO BOX 266
City	CLINTON
State	WA
ZipCode	98236

Sources

Src Num	Type	Name	Tnshp	Rng	Section	Depth	Alt	Capacity
1	WELL	WELL #1	28	03E	14	216	0	10



WASHINGTON STATE
DEPARTMENT OF
ECOLOGY

33323 501
Well Tagging Form



Unique Well Tag No AKY 735

RECORD VERIFICATION (check one)

- ☒ Well Report available (please attach this form to the well report and submit it to the Ecology Regional Office near you)
☐ Verification inconclusive
☐ Well Report not available

WELL OWNERSHIP, IF DIFFERENT FROM WELL REPORT

First Name HILTOP ASSOCIATES Last Name _____
 Street Address _____
 City _____ State _____

LOCATION OF WELL, IF DIFFERENT FROM WELL REPORT

Well Address _____
 City _____ County _____
 T _____ N R _____ W M Sec _____ 1/4 or the _____

FOR AGENCY USE ONLY

Latitude _____
 Longitude _____

Elevation at land surface _____ feet/meters (circle one)

Additional information, if available

- ☐ GPS
☐ Topographic Map
☐ Survey
☐ Computer generated
☐ Digital Altimeter
☐ Topographic Map
☐ Other _____

- ☐ Location marked on topographic map (please attach)
☐ Location marked on air photo (please attach)

State Health